

2031

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A  
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that  
it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Quaham</u>	BUREAU OF VITAL STATISTICS	
District	<u>Thatcher</u>	ORIGINAL CERTIFICATE OF DEATH	
Town or City	<u>Thatcher</u>	No.	State Index - - - No. <u>96</u>
		County Registrar's - No. <u>37</u>	
		Local Registrar's - No. <u>37</u>	
2. FULL NAME <u>Betty Long Chlerson</u>		St. _____ Ward _____	
(a) Residence, No. _____		(If death occurred in a hospital or institution, give its NAME instead of street number)	
(Usual place of abode)			
Length of residence in city or town where death occurred <u>2 yrs. 3</u>		ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>single</u>	
(Write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>			
6. DATE OF BIRTH (month, day and year) <u>Dec-5-1938</u>			
7. AGE	Years <u>2</u>	Months <u>3</u>	Days <u>9</u>
IF LESS than 1 day ____ hrs. or ____ min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>none</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) (State or country) <u>Thatcher Ariz.</u>			
10. NAME OF FATHER <u>Roy O. Chlerson</u>			
11. BIRTHPLACE OF FATHER (State or country) <u>Thatcher Ariz.</u>			
12. MAIDEN NAME OF MOTHER <u>Jessie Leona Altman</u>			
13. BIRTHPLACE OF MOTHER (State or country) <u>Tempe Ariz.</u>			
14. Informant (Address) <u>Roy O. Chlerson</u>			
15. Filed <u>4/8/31</u> <u>J. N. Stratton</u> Local Registrar.			
V. S. No. 1 <u>19</u> County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>3-13 1931</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>3-8-31</u> <u>3-13</u> , 19 <u>31</u> to <u>3-13</u> , 19 <u>31</u>			
that I last saw h. <u>h.</u> alive on <u>3-13</u> , 19 <u>31</u>			
and that death occurred, on the date stated above, at <u>6:50 P. M.</u>			
The CAUSE OF DEATH* was as follows: <u>Intestinal obstruction and intussusception due to swallowing of chewing gum</u>			
CONTRIBUTORY (Secondary) _____			
18. Where was disease contracted (duration) ____ yrs. ____ mos. ____ ds.			
if not at place of death?			
Did an operation precede death? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>Clinical</u>			
(Signed) <u>F. W. Butler</u> (Address) <u>Lafford, Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Thatcher</u>		DATE OF BURIAL <u>3/14/1931</u>	
20. UNDERTAKER <u>Orson Tyler</u>		ADDRESS <u>Thatcher</u>	